THE COMPASS

AMERICAN ASSOCIATION OF SOCIAL WORKERS

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University of Illinois
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REPORT ON DELEGATE CONFERENCE

SOCIAL PROTECTION SERVICES IN INDIANA

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THE COMPASS

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PUBLICATION OF THE
AMERICAN ASSOCIATION OF SOCIAL WORKERS

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A WORKING CONFERENCE

THE groundwork for effective AASW action in support of social legislation and sound governmental welfare programs was laid by the delegates who assembled in Cleveland for the 1944 Delegate Conference, the Association's first since 1941.

Out of 95 chapters, 77 were represented at the Conference and 134 delegates of the possible maximum of 157 were enrolled. Sixty-one alternates, 37 observers and 21 national committee members completed membership representation. In addition there were observers from the member organizations of the Wartime Committee on Personnel and several observers from the War Relief Committee of the CIO, the Social Service Employees Union (UOPWA), and the Labor League for Human Rights, AF of L.

The conference deliberations reflected careful preparation by the membership and it was evident that the delegates had had the benefit of thorough discussion and debate in their chapters of the issues under consideration. Several chapters which were unable to send representatives submitted in writing the results of their deliberations.

The substance of the Platform on the Public Social Services and the Principles on Foreign Relief as printed in the April COMPASS were approved, with some suggestions for revisions and editorial changes. Both will be made available to chapters in their final form as soon as the Committee on Organization and Planning has had an opportunity to make the recommended changes.

Student Membership

Approval by the Conference of the proposal for a student membership classification opened the way to drawing an increased number of workers new to the field of social work to the support of their professional organization. The student membership classification will become effective October 1, 1944. Details about submitting applications will be sent to chapters before that date.

THE PRESIDENT'S REPORT

In her opening address as President of the AASW, Grace Coyle reported on the activities of the Association's elected officials during the past two years.

In discussing the unfinished business, she reviewed the actions that have been taken on the report of the National Membership Committee, reminding the delegates that this report was the result of a three-year study on membership requirements. The report was brought to the Board meeting in October 1942 and at that time was approved and sent to chapters for discussion. It had been intended that it be presented at the Delegate Conference in 1943, but when that Conference was cancelled there was no alternative for getting the report legally before the members except to attempt a mail vote. This was carried out in the summer of 1943. The results of the mail vote were too small to be officially binding, and the Board consequently had before it the question of what to do in this situation. The decision made in October 1943 was that although the mail vote was not legally binding, the outcome indicated a clear majority in favor of the committee's report. The Board then decided that because of the need to emphasize a program of public importance related to the war, and because of the government's request that only conferences related to the war effort be held, the membership report should not be brought to a vote at this Conference. Miss Coyle stressed that the Board wished to make it plain that in taking this action it did not wish to preclude any reconsideration of membership requirements. Until such reconsideration, however, the present membership requirements, including Section 6, remain in effect.

Another item of unfinished business which Miss Coyle reviewed was the matter of incorporation. The Association was originally incorporated in Maine. Changes in our structure and methods of operation were made which were not permissible under the laws of Maine. After receiving legal advice, the Board decided to incorporate in the state of

New York. The necessary legal procedures have been followed, and the Association is now incorporated in New York. This change is purely legal and in no way affects the policies of the membership or the Board. The only new feature is the fact that election may not be carried out directly through the mail but must be done through proxies who will cast the votes indicated by ballots.

On a third matter of unfinished business, the Study of Functions and Powers in the Delegate Conference, Miss Coyle quoted the March Board minutes as follows:

The National Board is reporting to the Delegate Conference on the request made by the 1940 Delegate Conference that the Board formulate and propose for membership action a change in the by-laws that would clarify the apparent confusion regarding the functions and powers of the Delegate Conference. This report was scheduled first for the 1942 and then for the 1943 Conference, but necessarily delayed when those conferences were cancelled. The request was referred to a special committee for study and report back to the Board. A progress report of the special committee was made to the 1941 Delegate Conference, copies of which were made available to the Conference. After hearing the progress report the Conference requested that the study be continued and that a report be made the following year. At its meeting in May 1942 the Board considered the report of its special committee. It believed that in view of the war situation it would be undesirable for the time being to go into further detailed study and discussion of proposals that would involve major changes in the Association's structure and division of responsibilities. It felt, however, that a number of the special committee's recommendations were valuable and should be considered when questions of higher priority have been acted upon.

Questions about the powers of the Delegate Conference were also considered in the course of the Executive Committee's special study of program, policy and administration. The clarifications which came about through the special study have been incorporated in the statement of Operating Policies. The National Board therefore recommends that questions of structure be tabled until questions of higher priority arising out of the war emergency have been acted upon.

Miss Coyle quoted the March Board minutes in relation to the report of the Sub-committee on the Location of the National Office.

The 1940 Delegate Conference adopted a resolution requesting the National Board to reopen the question of the location of the national office and report to the next Delegate Conference. The National Board set up a special committee to study this question and report back to the Board in time for its consideration and recommendation to the 1941 Delegate Conference.

A progress report was presented to that Conference. The final report was completed and in May 1942 the Board approved the special committee's conclusion that the responses from the chapters to the questionnaire sent to them by the committee gave no clear numerical mandate to change the location of the national office. The Board also agreed with the recommendation of the special committee that this question should not be reopened unless there was evidence of the administrative need to do so, or new and substantial data from the membership indicating the need to reopen the question.

There has been no further discussion of this question by the Board. The material gathered by the special committee is being held for further reference.

The National Board is making this report in fulfillment of the Delegate Conference request. It believes that the location of the national office should be subject to the Board's consideration at all times in carrying out the total of its responsibilities for government of the Association.

Function of a Professional Organization

Miss Coyle then discussed as follows our function as a professional organization:

I have so far been reporting to you on the activities of your elected officials during the last two year period. The immediate past and present have been put before you for your discussion. However, before closing I wish to add a word in regard to certain functions of the Association, which are prominent in the program of this Delegate Conference.

You are, many of you, no doubt, familiar with Carr-Saunders' study of the professions and their place in our culture. He has a simple but, I believe, comprehensive statement of the functions of all professional organizations, which I have for a long time kept in my mind as a touchstone for the effectiveness of the AASW. You will remember that he points out that every professional association develops three objectives.

It arises, in the first place, out of the need to regulate practice by the imposition of tests of competence. When such competence is not regulated by government licensing, it is controlled with varying degrees of success by tests set up by the professional organization. Moreover, as Carr-Saunders points out, "Professional associations believe that their clients are entitled to expect from them a higher standard of integrity and fair dealing than is required in the ordinary transactions of life. . . . They therefore desire that their practititoners shall be not only competent but honorable." In terms of the present program of the AASW, we are working at this function primarily through three of the committees reported to you: through the Wartime Committee on Personnel, through the regular work of the Membership Committee, and through the new program of the Committee on Social Work Practice and Education just getting under way.

A second function of every professional organization is the protective—that is, the

development of personnel practices and standards. In this regard the present program of the Association is extremely weak. Within recent years it has been non-existent. If we are able to man and staff a new Committee on Personnel Practices, we can get at this in the near future. Because of the scarcity of workers, we are at the moment in a period of rising salaries, but such advances are spotty and insecure. We must take action to see that the general level of conditions is improved, as far as resources permit, not only because this is needed for many of our members, but primarily because only by that means will we be able to attract and hold new workers of sufficiently high calibre.

Questions of Public Policy

The third function of all professional organizations is what Carr-Saunders calls the intervention in questions of public policies relating to the professions. In regard to this he says:

> This entrance of professional associations into questions of public policy, whether on their own initiative or by invitation of the government, is one of the most hopeful means of bringing the expert into the service of democracy—perhaps the most important problem in the realm of political organization today.

It is the third function to which the bulk of this Delegate Conference is to be devoted. The emphasis given to this function in the life of the Association has varied at different times in its history. There have been periods when we were so concerned with the determination of competence that it occupied all our limited resources. However, at the time of the relief crisis the Association in its first Delegate Conference assumed this part of its legitimate role—"the bringing of the expert into the service of democracy."

In varying measure that function has been maintained ever since through the Committee on Government and Social Work. In the present crisis precipitated by the war, your present administration has believed that again this was a major, if not the major, responsibility of the professional organization. That is the basis for this program of the Committee on Organization and Planning of the Social Service and its sub-committees, and for making those reports the main purpose of this conference.

Because I believe this function of social action on the part of the Association is so urgent I wish to bring to your attention what I see to be some of the major problems in an effective fulfillment of this role. We may have aspiration along these lines which will become only illusions of grandeur unless we learn how to implement them with policies and procedures.

I wish therefore to raise at this time, as introductory to our program, three questions:

1. If our role is the bringing of the expert into the service of democracy, in what are we expert?
2. How can our collective wisdom, experience and weight be brought to bear?
3. What is the relation between the professional organization and other elements in the field of social work, also concerned with public policy?

The question of our expertness is the old issue formerly called our "area of competence." This is not an easy question to determine. As I see us function in various situations, social workers approach this in several ways. There are always some among us with wide social vision and deep concern, who wish us to take on every social evil. They wish to mount and ride off in practically *all* directions.

I am reminded at this point of a story which was told to me by one of the CIO organizers about a group of tenants in a New York tenement house who organized to protest about their rent and the condition of repairs. It was during the Spanish War. They marched round and round the residence of the owner of the tenement house, carrying placards, and just for good measure they put in some about the Spanish War. He came out in front and said to them, "I can reduce your rent, and I shall give you repairs, but what can I do about the Spanish War?"

We have, on the other hand, those among us who do not wish to mount at all, and at this point I should like to quote, or at least refer to Esther Lucile Brown's article in "The Family" with which many of you are familiar:

"There seems to be general hesitancy among social workers to assume wide responsibility for participation in the larger issues of social planning and administration. Has intellectual humility been cultivated to such a degree that it becomes less a virtue than a handicap? Or has the profession so busied itself in developing techniques for helping clients to adapt themselves to their environment that it has no more than glimpsed another role that it should simultaneously be playing?"

There are many of us who take a position somewhat between those two, who believe that the Association should have a program, should choose its directions, and then, in the words of Robert Browning, "ride, ride together, forever ride."

Our Areas of Expertness

Our direction, however, must be determined by our actual expertness, not merely our good will or social imagination; and by the extent of our resources. I believe we have at times in the past had too modest an idea of our own competence. It is true that much of our expertness lies in understanding of individual clients and in the use of relationship between client and worker. But we have, I believe, equal competence in other directions. Those seem to me to lie in three major areas at present.

Our intimate acquaintance of the effect on personality of social disabilities and social maladjustment like those created by unemployment, low wages, or bad housing. We know what these conditions do to people as few others do, and we know it in the same way that doctors know the effect of a contaminated water supply. We have therefore an equivalent responsibility—a public health responsibility, for eliminating the social (not alone individual) causes of human hardship, illness, malnutrition, or maladjustment.

Secondly, we have a competence from experience in public provision for social need in the field of public assistance, social security, and labor legislation. We know how social security, child labor laws, minimum wage laws, workmen's compensation, public assistance provisions, work. We have an expertness to contribute to law-making and formulating sound administrative policies in those areas.

In the third place, we have an expertness in the area of social organization. We know how to get people to work together for the benefit of the community, how to organize social services under public and private auspices. We have a wide experience in types of organization, the effect upon services of the auspices under which they are performed, and the ways to coordinate complex social programs. Our acquaintance with group relations between large and small groups gives us a competence in the area of social organization in which we are almost unique. It may well be that we have other kinds of expertness. I am not attempting to make this inclusive, but merely to point out our resources still largely unused, which should be made effective in the interest of wise and comprehensive social planning.

It is some such designation of our expertness that lies back of this program. It represents a broadening of our assumption of our competence and our responsibility for contributing that expertness in the service of our democracy.

Methods of Effecting Public Policy

That brings us then to the question of the methods we use in effecting public policy. As I see it, we have here two major questions confronting us: (1) our limited resources, (2) the discovery of how to use intelligently what resources we have or can get.

I have referred earlier to the fact that we see no likelihood right now of more than two professional staff members, and even with such paragons as we have or may employ, the scope and amount of work to be done severely limit how much we can do in this area. We must not take on more than we can see some change of accomplishing. It has been a fault of both Delegate Conferences and Board meetings in the past to be occasions in which we indulged our creative impulses unduly and then left on the doorsteps of the staff a collection of enterprises to bring to maturity, which could well tax the efforts of a large foundling establishment. Let us not do that today.

We must in sober earnest select our most important responsibilities and provide for them realistically. We must then have both patience with our limitations and an urge to expand these resources as rapidly as we can.

I believe that the second question we need to consider carefully is how we may bring our weight to bear on matters of public policy. A primary essential is what we are to do in this conference; namely, to establish broad lines of policy and direction. Without those, your officers cannot act for you. Such policies and the pronouncing of them will, we always hope, influence public opinion. There is a place, I believe, for the resolution and the platform, but we must be careful to see it as a beginning, not an end. The passage of high-sounding and far-reaching resolutions is a pleasant as well as a profitable indoor sport, especially if opponents are well matched within the group. A great sense of accomplishment can be secured out of such a mental fight. The trap is sprung, the foe is caught,

the fight is won, the resolution is carried home in triumph. But when one looks back one sees too often that what one caught was not the enemy without for whom one set out, but one's brother in the way.

It is for that reason that your Executive Committee in its last two meetings has given consideration to how we can take action more effectively. Having, we hope, attained a platform in this conference, we do not wish to use it merely to sit on and be observed. We must learn more effectively than we ever have how to put what weight we have where it will tell. This involves such familiar methods as:

1. mobilizing chapter and individual pressure on legislators at crucial points in the legislative process

2. appearing at hearings before state and federal committees

3. using the press and radio to give expression to our views. It also includes making available to administrative agencies our experience in certain areas, sometimes by establishing contacts between policy-making officers and individual members of the Association with special expertness to contribute.

We lack at present the channels and resources to do some of these elementary things. We must establish procedures by which the Board or Executive Committee can take immediate action when that is required. We must establish and keep open contacts in Washington with the policy-making agencies. We must organize the expertness available within the Association on certain questions, and if possible get it used by governmental agencies. We must in time have means to keep up with legislation in Congress and channels for rapid action by chapters on such legislation. We have a great deal of valuable experience, especially in the activities of the Committee on Government and Social Work but I do not think we can claim much success in comparison with the need or what we think we have to contribute. We need the help of every member to make such new policies as we adopt here actually effective.

Strategy

Finally, I wish to say something on the strategy of such efforts to effect public policy. The professional association is obviously only one of the elements in the social work picture. If social work itself is to have any effect on the post war period and its social arrangements, it must bring to bear not only the weight of professional opinion—whatever it may be—but also the weight of the other organized elements in social work.

Within recent months we have heard from the AASW listening post an increasing clamor for some kind of united effort by social work as a whole. We believe the demand is highly significant. We agree with the necessity. We want the Association to play its part. You will hear from the Wartime Committee on Personnel, of one step we have ourselves taken to meet this. However, we are only at the beginning of what it will take, if we can ever succeed in bringing into effective alignment the total experience of social work. As we see it now, the forces in the field include the professional organizations, the schools of social work, and the social work unions. They include the large national functional agencies, the local councils of social agencies, and the organizations of national organizations. They include the influence and opinion of lay members of boards, of government officials related to the social services, as well as the opinion of employed staff. It should include in increasing degree the contribution of the consumer, the clientele, when that is feasible.

Social work represents a vast congeries of agencies, opinions, pressures and counter pressures. At present there are almost no channels for organized cooperation in the field as a whole. At times one feels that no order can be achieved out of the present chaos. The effort needed to build the organizational channels, to achieve the integrations of thought and feeling, to bring together all the solid public spirit back of our agencies and combine it with the seasoned professional experience of fifty years of organized social work—such effort, physical and spiritual, seems more than we can encompass. And yet if we cannot so rally the vast forces of human good will and intelligence which have produced modern social work, if we cannot at this point in history throw our weight into these turbulent times in which the future is being born, we shall have failed our generation.

The professional organization has, I believe, an important part in helping to create this synthesis. It obviously does not itself contain all the elements necessary to united action. But it may be able to play a significant role in helping to organize all these elements eventually into an effective voice for the field as a whole on both the national and eventually the international stage.

The true significance of this Delegate Conference lies however in a wider perspective than is implied in these questions. It lies inevitably in the crucial times in which we meet and the place of social work in such a period. In a recent very penetrating analysis of our situation Karl Mannheim has challenged the social worker to a larger role in the making of the future.

All of the western democracies, as he points out, are groping their way toward a new type of planned society. For such a society new social techniques have already been developed. Some of them involve mass control by press and radio, some of them group control, for example, by the organization of youth. Some of them involve the knowledge of how to affect the individual by physical and psychological means. Many of these techniques we have in our hands. We are among those who have developed them and understand them in case work, group work, community organization.

The question in the post war world is, to what end shall the social techniques be put? Unless we can ourselves achieve an understanding of what is at stake, we will either be lost in the whirlpool of events or even worse, the very techniques we have developed, may be used to prevent or to subvert the forward movement. Techniques obviously are neither good nor bad. Everything depends on the use that is made of them by human will and intelligence. If they are made to serve a good purpose, if they do not master men, but are mastered by them, they are among the most magnificent achievements of mankind.

"The educationist and the representatives of the new social services have the special opportunity of standing at the crossroads where they can give insight both into the working of the individual psyche and of society. They more than others have the power to link up the regeneration of man with the regeneration of society."

FULL EMPLOYMENT

At the Friday evening session of the conference, W. H. Stead, Dean of the School of Business and Public Administration of Washington University, spoke on full employment. His paper was discussed by Dorothy Kahn.

Dean Stead estimated that a period of eighteen months to two and a half years will be needed to complete reconversion from war to peacetime economy. An inevitable interval of unemployment for many is bound to occur and this can be cushioned only by the government, according to Dean Stead. He called attention to the fact that there seemed to be three schools of thought at the present time about how full employment may be achieved in this country after the war.

The first of these is the viewpoint held by some of the more active and vigorous spokesmen for the New Deal. It involves, first, government planning of our economy, although not necessarily planned government operation of our whole economy. Secondly, it maintains that there must be a very substantial and continuing program of public works suited to skills of individuals and going far beyond the construction type of project. Thirdly, this viewpoint involves some yardstick operation of business activity of the TVA type. This means that national minimums of health, education, food, shelter must be assured. Where private industry cannot provide them, government must do so, if necessary by direct action to produce the needed materials. Fourthly, this New Deal viewpoint calls for an extension of social security in its broad sense.

The second viewpoint which Dean Stead described as being representative of the National Association of Manufacturers, is that the first consideration, if we are to have full employment, is to return to free competition and free enterprise. This would lead, of course, to the elimination of many New Deal controls and many of the so-called restrictions on business. A concomitant to this opinion is that legislation should be passed establishing greater responsibility on the part of labor unions. Finally, this group represented by the National Association of Manufacturers places great importance on the freeing of risk capital, in other words, the revision of our tax structure to get away from progressive income corporate taxes to a tax structure which would be equalized as far as individuals are concerned and would produce a large volume of investable capital in the upper income brackets, both corporate and individual.

The third viewpoint on the best method by which full employment might be achieved

Dean Stead described as middle ground. This middle ground group is inclined to say that we cannot go back towards free competition and free enterprise. Although there may be a present trend which is conservative, it will quickly run into the increased resistance of labor, which is more powerful than before. However, the trend of the rest of the world is not toward free enterprise. It is rather in the opposite direction. Looking at the New Deal side of the picture, this group would say that while the principle of progressive taxation should be retained, there should be charge-backs and readjustments so that the losses of one year, for instance, might be charged against the profits of a good year, and in various other ways a steady flow of risk capital might be freed. This middle ground group would also recognize some additional responsibility on the part of organized labor which may need to be written into legislation. At the same time they would go ahead to say that union organization is going to be the typical method of industrial relations in the future and must be evolved into a partnership. With respect to government planning, this middle ground group would say that only the government is in a position to plan the development of our whole economy. It is the only agency in a position to exercise proper judgment over the public interests, control our resources and the balance in our industrial structure. This type of government planning, however, does not necessarily mean government operation. The conclusion may be reached that the maximum effort should be made through private enterprise and that government should perform only an auxiliary, fill-in function.

Finally, this middle ground group would treat public works as extremely important as a balance wheel rather than a continuing large-scale portion of the total. This group recognizes that public works would have to be carried on all the time but would be larger in periods of depression and declining private business activity and smaller in periods of business prosperity.

It is this middle line that Dean Stead believes will be followed in the country in the discernible future.

Miss Kahn's Discussion

In discussing Dean Stead's paper, Miss Kahn pointed out that we have accumulated a very substantial knowledge of people's attitudes toward work since the days of the depression. There are many less people in the world today who believe that the individual is driven to work only by the threat of hunger than there were in the days when we were trying to make employment a kind of punishment instead of the natural expression of man's creative ability. Furthermore, we no longer need to assume that unemployment is inevitable, and we have learned that the income level in the nation and in the world can shift very materially without doing damage.

We have progressed also, Miss Kahn said, through the emergence of articulate groups such as the Committee on Economic Development who are saying that full employment is a matter of first concern. And finally, we have had a kind of experience in our efforts to utilize and control manpower in the interests of war production that must be and inevitably will be an investment in planning for the future. Miss Kahn pointed to the inconsistency of some of our assumptions about inevitable trends in the employment index. She said: If we have been able fully to employ the labor force of the country with most of the rest of the world in war, someone will have to explain to me, logically, why we cannot do it in the interests of something that is not involved in the destruction of the resources of the world, but rather in the increase of our national resources and the opportunities for building a better life.

She quoted a sentence from a report recently issued by the Brookings Institute on postwar employment which says that there will always be a considerable amount of "floating" unemployment; that is, unemployment among people who are moving from job to job, that there will undoubtedly have to be more than that in the conversion period, and that we need not worry until it exceeds four or five million in this country. Miss Kahn emphasized that if we know anything in social work, we know that if we do not worry about unemployment until it exceeds four or five million, it will not do us very much good to worry at that point.

On the basis of social workers' knowledge of the effects of unemployment on human beings concerned, Miss Kahn stressed that we have some very real obligations as a profession, as an organization, and as individuals. We need to examine and re-examine our Association's platform on work. We need to contribute our share to planning for full employment. We need to decide here and now whether or not we mean what we have

said regarding peoples' rights to be paid properly and to have a chance to work when they want to work. Having made this decision, we must determine what we are going to do about it and do it now, not at some remote post-war period. We must take steps, not only through the Delegate Conference, but through our chapters in collaboration with other groups in the localities in which we live and work to implement the lofty ideas to which we have given such enthusiastic expression.

HEALTH AND MEDICAL SERVICES

A report on Health and Medical Care, supplementary to that published in the April COMPASS *was presented by Rudolph T. Danstedt, chairman of the Sub-committee. After considerable debate in which the question of immediate adoption of this report was raised, the Conference voted that it be accepted as expressing, in essence, the opinion of the delegates and submitted to the chapters for further discussion.*

I. General

A. A healthy people is a nation's greatest asset. To obtain and preserve good health,[1] all of our people must have public health services[2] and good medical care,[3] sufficient and satisfactory food, shelter and clothing, useful and satisfying employment, opportunities for education and adventure—all of which go into making an adequate content of living.

B. A plan for assuring adequate public health services and medical care to all must be a part of a broader program of social security for all.

C. The federal government must be the guarantor of adequate public health service and medical care to all the people. Recognition of the close relationship of medical care and public health services is essential in this guarantee.

II. Services Needed

A. *Public Health Services*

Provisions for public health services should be extended and strengthened. They should be made available in all communities according to their public health requirements.

B. *Medical Care*

1. Complete preventive and curative facilities and services should be available to all under conditions that assure early diagnosis and treatment.

2. Such care should include the services of general practitioners and specialists, hospitalization and the services of dentists, nurses, medical social workers and other appropriate personnel working under professional supervision. Convalescent care, necessary drugs, medical supplies and all auxiliary services should be provided.

3. These services should be available for as long as a person requires them.

III. Quality of Service

A. The highest standards of public health services and medical care must be assured to all persons and communities in every part of the nation.

B. The traditional physician-patient relationship is an essential part of good medical care and should be safeguarded.

C. The conditions under which doctors function should encourage the extension of medical care and the development of medical science and art.

[1] Dr. Hugh Winslow defines public health as follows: "Public health is the science and the art of preventing disease, prolonging life and promoting physical health and efficiency through organizing community efforts for the sanitation of the environment, the control of community infection, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will insure to every individual a standard of living adequate for the maintenance of health; organizing these benefits in such fashion as to enable every citizen to realize his birthright of health and longevity."

[2] The report of the Committee on the Costs of Medical Care, 1932, states "There is nearly universal agreement that the following are 'proper public health functions': (a) the collection and analysis of vital statistics; (b) the control of water, milk, and food supplies; (c) the control of sanitation; (d) the control, through quarantine and supervision, of communicable diseases; and (e) the provision of laboratory service. In addition to these, the Committee believes that the following activities are also proper public health activities: (f) the promotion of maternal, infant, and child hygiene, including medical and dental inspection and supervision of school children; (g) popular health instruction; (h) the provision of preventive dental care for children, and (i) the provision of special services for the prevention, diagnosis and treatment of patients with tuberculosis, venereal diseases, malaria, hookworm, or any other disease which constitutes a special health problem in the community that cannot be solved adequately and effectively by the other available medical and health agencies."

[3] The word "medicine" is used here (as defined in Webster's dictionary) to mean "the science and art dealing with the prevention and cure or alleviation of disease." It therefore includes the private practice of physicians, dentists, nurses, and other individuals, and the work of all types of medical and public health agencies. "Medical facilities" and similar terms have the same comprehensive meaning.

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D. There should be a full application of existing knowledge to the prevention of disease so that all medical practice will be permeated with the concept of prevention.

IV. Administration of Medical Care

A. Since health is a national concern, a strong central control of standards of administration and organization is essential. The program should be federally administered. If this is not possible, it is imperative that the federal government be responsible for joint financing, setting standards, supervision and coordination.

B. All medical phases of a plan for medical and health services must at all points be under the exclusive supervision of the medical profession.

C. Provision should be made for effective participation in policy-making, in other than professional matters, by the consumers of medical care. This can best be accomplished by advisory committees at the federal, state and local levels.

D. At the local level, medical care resources should be so coordinated and administered as to encourage their full use and to insure good quality of service.

E. Channels must be available for the patient to obtain a fair and adequate hearing involving any of his individual rights in relation to medical care.

F. Services should be provided on financial terms which the people can and will meet without undue hardship, either through individual or collective services.

V. Financing the Program

If public health services and medical care are to be guaranteed as a right to everyone.

A. Such services might be financed out of public funds raised by taxation.

B. Or medical care might be financed through a compulsory health insurance with contributions from the wage-earner, employer and government, coupled with a comprehensive system of insurance against income loss. Where a comprehensive system of insurance against income loss already exists, there are political and economic values in using the contributory method for financial medical care. Under a health insurance plan, the government should pay the whole insurance contribution for those unable to pay.

C. Under a comprehensive insurance plan the federal government should participate in financing public health services and the construction of medical facilities in communities unable to afford them.

Committee on Organization and Planning of the Social Services in the War and Postwar Periods

REPORT ON SERVICES TO YOUTH

LUCY Carner, chairman of the recently organized Sub-committee on Youth Services, presented to the Conference, the first steps of a progress report. Each member of this sub-committee is working on one of the topics with which the committee agreed it should deal; developing a statement of the problems and needs of youth in a given field and of the proposed services. One member of the committee is analyzing and summarizing material from private agencies concerned with youth. Needless to say, the American Youth Commission, the Children's Bureau and the National Resources Planning Board have already proved invaluable resources.

Miss Carner announced that George Rabinoff of the Jewish Charities in Chicago has been added to the sub-committee since its membership was announced in the March issue of THE COMPASS *and that Bertha Shafer of the Northwestern University Clinic is assisting in the study of the physical and emotional developments of youth which the committee needs as background material.*

In its introductory statement, the sub-committee defined its conception of its task and asked for criticisms and suggestions for its future work from the delegate body of the AASW.

Services to youth are provided in a setting of family and community life. Although this report deals with the services rather than with the setting, it cannot fail to point out that services at their best supplement or in a minor degree modify the environment that so condi-

tions the young person's chance to grow up well.

The sustaining love of parents or rejection by them, the food and the home which the family provides for the growing child, the safety and beauty or the danger and squalor of the streets or countryside in which the child plays, the neighborly or hostile relationships in the community in which he grows up—these are among the aspects of the setting of the young person's life which are of major importance. Those concerned with youth then are necessarily concerned with spiritual and physical influences affecting family life; with "economic policies designed to encourage production of an abundant supply of goods to meet the needs of families and children, and to provide employment opportunity for all at such wages and under such conditions as will assure an adequate economic basis for family life" [1]; with housing policies and city planning; with conservation of the nation's natural resources; with farms, large and small, and ways of developing a stable and rich rural life; with the drives that impel men and women to cooperative building for the common good or toward waste and destruction; with war itself and its toll of young lives lost or maimed in combat, or starved, diseased, and twisted by the ravages that warring nations wreak on their own and each other's children. But your committee is not commissioned to advocate policies in these realms—and perhaps could not do so if it were so commissioned.

[1] From Goals for Children and Youth, Children's Bureau.

Before proceeding with our more modest assignment of recommendations on services to youth, however, it is well to point out that just as no services can substitute for a setting of security, dignity, and beauty, so no setting, however utopian, can in itself supply all the needs of youth. Services specifically geared to the needs of youth will doubtless always be needed. There is no doubt that they are needed today and will be needed tomorrow. They in turn gradually modify certain aspects of the setting itself.

The committee assumes that certain services to youth are dealt with in the reports of other committees and, therefore, confines its survey of problems and proposals for services to the following realms: the physical and psychological development of adolescents; education; guidance, and other specialized social services; group experience; citizenship and philosophy of life.

The committee recognizes any definition of an age group as necessarily arbitrary but agreed upon the age being considered in this report as approximately 13 to 21, representing at the beginning certain physical and psychological developments that mark a young person off from childhood and at the end, the legal coming of age.

RESOLUTIONS ADOPTED

Hearings on the Wagner-Murray-Dingell Bill

introduced by the Committee on Organization and Planning

WHEREAS the Wagner-Murray-Dingell Bill was introduced into Congress for the purpose of developing a more adequate social security program, and

WHEREAS the sponsors of this measure have emphasized their desire to have wide public consideration and discussion of its many provisions, and

WHEREAS this measure is designed to prevent and alleviate problems associated with poverty, insecurity and illness, and

WHEREAS more than twelve months have elapsed since its referral to the Senate Finance Committee without being called up by that committee for public hearing, and

WHEREAS it is essential that action on this measure be taken immediately;

BE IT THEREFORE RESOLVED that the 1944 Delegate Conference of the American Association of Social Workers call for immediate public hearings on the Wagner-Murray-Dingell Bill; and

BE IT FURTHER RESOLVED that Association chapters and chapter members be urged to communicate to their Congressmen and Senators their views regarding the desirability of immediate public hearings on this measure.

Endorsement of Wagner-Murray-Dingell Bill

introduced by the Committee on Organization and Planning

WHEREAS the platform of the American Association of Social Workers calls for the

establishment of a comprehensive system of social insurance "against loss of income because of old age, unemployment, illness, disability, injury at work, maternity, or death of the wage earner, for the entire working population and their dependents" and

WHEREAS its platform enunciates the principle that it is the basic responsibility of government to secure adequate and complete medical and health services for all of the people, and

WHEREAS the Wagner-Murray-Dingell Bill undertakes to give statutory effect to these objectives;

BE IT THEREFORE RESOLVED that the 1944 Delegate Conference of the American Association of Social Workers endorse the intent and general principles in the Wagner-Murral-Dingell Bill (Senate 1161, H.R. 2861) in its present form and,

BE IT FURTHER RESOLVED that this Conference urge amendments to the Bill which will insure an adequate number of public hospitals and clinics appropriately distributed, and such other amendments as may bring the Bill into more complete harmony with the Association's position.

Relationship between Voluntary and Governmental Agencies

introduced by Dorothy C. Kahn with the support of the New York City Chapter

WHEREAS the Committee on Organization and Planning of the Social Services has in its assignment a clear mandate to examine the organization of social work, and

WHEREAS the development of the social work function in international relief and rehabilitation has raised again the problem of appropriate relations between governmental and voluntary auspices, and

WHEREAS this Association has exercised great leadership in the development of both governmental and voluntary auspices and the incorporation of professional functions in each but has as yet made no significant contribution to the development of effective principles and methods for integrating these different auspices in constructive social effort and

WHEREAS there is now conflict, confusion and doubt as to the appropriate roles and relationships between voluntary and governmental agencies;

BE IT THEREFORE RESOLVED that this Delegate Conference encourage the Committee on Organization and Planning and other appropriate channels of the Association to examine the experience of the profession in relating voluntary to public auspices and undertake to formulate principles and methods of organization and operation that will promote cooperation and reduce conflict of interest with respect to areas of work, personnel, financing and public interpretation.

Professional Education and Civil Service Examinations

introduced by the Detroit, Lansing and Washtenaw County Chapters

WHEREAS the present development of the several State Civil Service jurisdictions has not progressed to the point where the examination and classification procedures measure adequately the skills necessary to perform the duties and responsibilities of social work positions, and

WHEREAS there is now evidence that there is a correlation between professional education and experience and successful performance;

BE IT THEREFORE RESOLVED that this Delegate Conference authorize the Association to present to the Civil Service Assembly of the United States and Canada the necessity of giving more weight to professional education and experience in the classification and examination for social work positions.

Social Work Scholarships

introduced by the St. Louis Chapter

WHEREAS an insufficient supply of well qualified social workers has critically handicapped the potential services of social work to the public, and

WHEREAS the inadequate number of well qualified social workers is a matter of profound and increasing importance as the end of the war and the postwar period confront the world with new problems;

BE IT THEREFORE RESOLVED that the Delegate Conference of the American Association of Social Workers urge the establishment by the various levels of government of systematic programs of professional social work scholarships and educational leave with pay.

Promotion of "A Call to Action"

introduced by Mary W. Rittenhouse, New York City

WHEREAS a group of social workers, some of whom are members of this Association, though working independently in this activity, have prepared a statement published in the April 1944 COMPASS, "To Social Workers: A Call to Action," which is a significant contribution to professional action on matters of vital concern to our field, and

WHEREAS this group is seeking to discover the opinion of members of this Association and other professional associations on the principles formulated in their statement;

BE IT THEREFORE RESOLVED that the American Association of Social Workers through its officers take responsibility for promoting consideration of this statement in chapters and appropriate Association committees.

Appreciation of Planning for Conference

introduced by Alice Padgett, Washington, D. C.

WHEREAS this has been an unusually productive Delegate Conference, and

WHEREAS its success is due to the quality of preparation and thought given by the staff, the National Board and the national committees to the material and questions presented to the conference;

BE IT THEREFORE RESOLVED that the Delegate Conference express its appreciation to the staff, the National Board, the Committee on Organization and Planning of the Social Services, the Wartime Committee on Personnel and the National Membership Committee for the careful and thoughtful planning which went into the preparation for, and participation in, this Delegate Conference, and

BE IT FURTHER RESOLVED that the Delegate Conference pay its sincere tribute to the leadership that our President has given to this Conference and to the Association during the past two years.

Preparation by Chapters

Motion introduced from the floor

That it be the sense of this body that the success of this Conference has been due in substantial measure to the thoughtful preparation and courageous discussion in which the chapters have participated in this Conference.

Other Resolutions

A number of other resolutions pertaining to further work on the Platform on the Public Social Services were referred to the Committee on Organization and Planning of Social Services.

Social Work at Its Frontiers

Additional reprints of COMPASS articles describing new fields in which social work skills are being used have been added to this packet. It now contains 23 articles, all of which are indispensable for the social worker who wishes to keep abreast of developments in his profession.

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THE WARTIME COMMITTEE ON PERSONNEL IN THE SOCIAL SERVICES

AT the Friday afternoon session of the Conference, Harriett Bartlett, Chairman of the Wartime Committee on Personnel in the Social Services, reported on the work of her committee, which, she reminded the delegates, is made up of representatives of five professional social work associations. At its inception this committee was working on educational problems under the AASSW. During the first half of 1943, it formed itself into an independent committee working on wartime personnel problems. Since the middle of 1943 it has been a committee of the AASW. Focussing on professional personnel in wartime, it has defined a three-point program: recruiting, training and maintenance of standards of personnel and practice.

Recruitment activity has been developed around the preparation of material for distribution to prospective students of social work and vocational counselors; the organization of recruiting committees in AASW chapters; the establishment of working relationships with other organizations through which potential social workers might be reached; and the development of a routine for the answering of inquiries regarding social work as a profession.

Miss Bartlett reviewed for the delegates the data on the preparation of recruitment material, such as the original kit, the two-color poster leaflet, and the radio transcription. She mentioned that in order to promote the distribution of our material, the committee has developed contacts with the Veterans Administration, the Bureau of Placement of the War Manpower Commission, the U. S. Office of Education, and state departments of welfare.

The Committee has worked with magazines having a national circulation in the production of articles about social work. Most successful of these was an item appearing in *Glamour* magazine during the month of January. Plans are also on foot for the production of motion pictures to be used both commercially and in schools to inform the public about social work activities.

The success of the recruitment effort has been apparent, Miss Bartlett said, in the number of inquiries which come to the office of the Wartime Committee. Since August, 1943, 1,118 individual requests have passed through this office. This is in addition to inquiries which come to individual schools and the Association of Schools of Social Work. Additional requests have been handled through the U. S. Office of Education, state welfare departments, and veterans' bureaus.

In the area of training, the Wartime Committee has worked under the leadership of the American Association of Schools of Social Work, Miss Bartlett said. Early in 1943, there was cooperation with the Office of Community War Services, and through them with the War Manpower Commission. There was hope for congressional action on a bill which would provide for training in a number of essential professional occupations employing women. Unfortunately, this bill did not reach Congress, and the Committee has since been reorienting its plans.

The Committee has been interested in cooperating with the AASSW in its work on developing a preprofessional course as it seems most important at this time to have an orderly plan from the undergraduate through the graduate curriculum. Exploration has also been begun in the direction of interesting Community Chests and Council in giving support for training. First steps in this direction have met with a favorable response. Plans are also underway to invite representatives of the federal public agencies, particularly in the newer war-related and postwar programs, to discuss their social services and the means of obtaining and training personnel.

In relation to the whole matter of training, Miss Bartlett felt that we probably shall need to find new methods in planning and that we face problems in this area that are wholly new to us and will call for new methods.

In the area of standards in personnel and professional practice, Miss Bartlett said that during the last year a certain amount of confusion developed since the war agencies were drawing personnel away from others, and untrained workers were being too rapidly inducted into undefined jobs. A breakdown of our standards was implied in this situation, and the Committee decided that there was a need to do two things: reaffirm standards

of professional social work; and discuss sound methods of deviating in emergencies so that we might return safely to the highest standards possible. In response to this need, the Committee prepared a statement of principles on personnel, training and recruiting. This statement was published in the March issue of THE COMPASS, and the Committee is interested in hearing from chapters whether they have used it in any way, whether they think it is sound, or have comments of any sort to make regarding it.

In summarizing, Miss Bartlett said that she thought the outstanding problems facing an inter-association committee such as this are: first, the need for an inclusive plan for training professional social workers that would cover recruiting, funds for training, and curriculum planning; second, the need for national channels for the placement of social work personnel. As a necessary step for both of these objectives, she pointed to the importance of identifying qualified social workers to the public through certification and through definition of the scope of social work.

In conclusion, Miss Bartlett reported on an important step in the direction of united action in the social work field. She noted that as her committee worked during the past year, it realized increasingly the problems created by the lack of united action in this field. One of the ways in which this difficulty manifested itself was through the tendency of people to turn to the Wartime Committee to handle all sorts of problems. Although proud of this confidence, the Committee's resources were too limited to undertake such broad responsibility. Feeling a responsibility, however, to do what it could to further broader action, the Wartime Committee with the help and cooperation of other interested persons, held a meeting on May 1 in New York to talk this situation over. About thirty individuals from various positions of leadership were invited to come unofficially to this meeting. There was a most encouraging response. The group worked all day on the question of how we can organize to think and act together. They found that we must distinguish in planning for social action on broad issues in which we may cooperate with lay groups and others, and actual technical problems requiring professional knowledge and experience. Before the meeting adjourned arrangements were made for the appointment of a continuing committee to work out next steps.

Recruitment on the Air

TO date, twenty-seven chapters have ordered the transcribed radio program prepared by the national office for the use of recruitment committees. Recruitment chairmen report great satisfaction with the record, and in areas where one chapter covers an entire county or state, the program is being broadcast from several local stations.

The transcription was produced with professional talent in the NBC studios in New York. The leading part, that of the case worker, is taken by Irene Hubbard, well-known stage and radio actress. As the case worker, Miss Hubbard narrates to a prospective social work student the stories of three clients she has seen. Each story is dramatized. For a limited period the transcription is being sold exclusively to AASW chapters at the nominal price of $5.00. After chapters have had an opportunity to purchase and air it in their communities, it will be offered directly to schools of social work and other interested organizations. The transcription may be used very much like a phonograph record wherever a playback machine is available.

New Poster-Leaflet

The new two-color combination leaflet and poster, "Build Your Career in Social Work," has also met with excellent response. This flyer is being distributed without charge, and 4,530 copies were ordered from the national office within two weeks after it was off the press.

"A CALL TO ACTION", CLEVELAND MEETING

By **Antoinette Cannon,** chairman, Social Workers' Emergency Committee

FOLLOWING the publication in the April COMPASS of the statement, "To Social Workers: A Call to Action", the Social Workers' Emergency Committee, authors of the statement, called a meeting at the time of the National Conference of Social Work, in Cleveland. There had already been a considerable response to the published statement, indicating interest and substantial agreement.

The Cleveland meeting nearly filled the ballroom of the Hotel Hollenden. Dr. Eveline Burns, of the National Planning Association, spoke on next steps for social workers to take, following "a call to action". Dr. Burns did not attempt to lay down a program of action upon any specific measure, but she showed why effective support of any measure must be preceded by careful study and analysis. She used the Wagner-Murray-Dingell bill as illustration. She discussed support of measures as compared with support of candidates or parties, making the point that legislation soundly based upon analysis of facts and directed toward the public good should not become the subject of partisan dispute. By the non-partisan, professional character of their action, social workers might become a power for social progress.

After Dr. Burns' brief but telling speech the meeting was given over to discussion. Virginia Wing of Cleveland, the first to take the floor, called attention to the necessity of backing opinion by active use of the vote, and Clarence King, President of New York City Local of Social Service Employees Union and Executive Secretary of the American Council of Voluntary Agencies for Foreign Service, stated vigorously that it was necessary to support and to oppose men as well as measures. From there the discussion went on to questions of the various ways in which social workers might take action and the organizations through which such action could be taken. Was there need for such an organization as the Social Workers' Emergency Committee to continue? Several persons, including Miss Coyle and Mr. Anderson, spoke of the present program of the American Association of Social Workers, especially the plans just adopted by the Delegate Conference in regard to support of social legislation. Miss Coyle emphasized the section of the "Call to Action" dealing with racial discrimination and said that we should join organizations such as the National Association for the Advancement of Colored People. She spoke of the great cost and responsibility of a permanent, large organization such as the AASW and hoped that the Emergency Committee would not duplicate existing organizations. This was a strong argument and found much acceptance.

However, there were many expressions of interest in greater activity and more inclusive fellowship of those engaged in the social services, broadly conceived. A clerical worker, from a public agency sent to the National Conference of Social Work by her chapter of the State, County and Municipal Workers' of America, spoke of the wish of her group to participate in bringing about general welfare. A public health nurse spoke of her interest and that of her profession in the objectives stated in "A Call to Action." Many others spoke, emphasizing their sense of need for united action. There was reference to the Wartime Committee, a body which represents a common interest of five organizations of social workers, and which has recently initiated discussion of permanent coordinating machinery which might enable these and other organizations to unite in social action. It was recognized that such plans are still in a very early stage of development, but held hope for concerted action without duplication.

The lively discussion finally was concluded with the passing of a resolution offered by Marie Wing of Cleveland, to the effect that the persons assembled in this meeting approved the work thus far done by the Social Workers' Emergency Committee and asked that the committee continue, as an emergency committee, for such period as seemed to its members necessary to the accomplishment of its purpose.

THE SECOND NATIONAL WARTIME CONFERENCE

AASW delegates to this meeting of representatives of the professions, the sciences, the arts, and the white collar field were **Luise Addiss, Joanna C. Colcord, Dorothy C. Kahn, Lillias Pippert** and **Mary Rittenhouse.** Their report on the proceedings is presented herewith.

WHEN Mary Rittenhouse wrote up the National Wartime Conference in the June COMPASS of 1943, no one then realized that this venture in interprofessional cooperation would develop into a new and vigorous organization. The Planning Committee which met in June 1943 was impelled by the enthusiastic response of widely varied groups to plan a second conference and became increasingly aware of a rising demand for some permanent, however informal, form of organization.

More than 71 professional and white collar organizations sponsored this second conference held June 2 and 3, 1944, in New York City. Those participating included such widely varied groups as the American Association for the Advancement of Science, The Poetry Society of America, Summer School for Office Workers, Hollywood Writers' Mobilization, the National Association of Deans of Women, the American Medical Association, American Federation of Musicians, as well as our own and other professional societies active in sponsoring the conference last year. More than 400 persons were in attendance, including 203 official delegates and observers.

The theme of the Conference was "The Sciences and Professions in the Future of America." Dr. Kirtley F. Mather who again acted as chairman pointed out that we were involved in a fundamental change in human affairs that has been only accelerated and not caused by the war and that our problems would not be solved by victory nor even by the transition to peace. "The interdependence of all men," he said, "has become an inescapable imperative toward organization and coordination of all elements in human society."

Dr. Mather presented to the Conference the greetings of the President of the Unitd States. A message from Dr. Albert Einstein was read in which he called upon intellectual workers to follow the lead of other working groups, not merely in uniting to protect their economic interests, but to contribute their special gifts of knowledge and experience to effective political action in promoting the purposes of democracy. He pointed out that we must learn also from other efforts at organization how working people try to avoid the gravest of all dangers, namely, the weakening of influence through inner dissension.

The intellectual sweep of the Conference was best illustrated by the four speakers at the opening session. Dr. Harlow Shapley, Director of the Harvard College Observatory, pointed out how negligible a period of time the next five years would be, however great their significance for "Homo Sapiens." "In these five years," he said, "nothing of consequence can happen to the earth, sun or galaxies and the astronomer looking at the biological fury and flurry can only counsel calmness. . . . But even the astronomer hopes for the prolongation of the society which permits him to study, to acquire and apply his knowledge and therefore believes it worthwhile to devote his thoughts to the means of maintaining uninterruptedly (if possible) an intelligent civilization. We can now distribute all over the planet the same diseases and the same dopes. How soon", he asked, "can we distribute common customs and common hopes?"

Dr. Shapley affirmed the inevitability of a world-wide economic association and a unified political system, but made a plea for the maintenance of those local customs, cultures and folkways which make up the sum total of human progress. He described the talent search among high school students, calculated to produce leadership in the field of science in the world of tomorrow and urged the application of this same spirit to other fields. He presented a modest "miscellany of hopes," including the recognition of the inadequacy of our educational system as a model for foisting upon the rest of the world, a prayer that we might eventually escape from the

regimentation and boredom of commercially sponsored radio programs through the new device of frequency modulation, and a belief that we might escape the deadening effect of mediocre commentators, syndicated humor and ideas, through the development of local symphony orchestras, community scientific research institutions, local science clubs and other efforts requiring intellectual initiative by people in their own communities.

In the absence of A. F. Whitney, President of the Brotherhood of Railroad Trainmen, his paper was read by Martin Miller. He emphasized the debt which white collar and professional people owe to organized labor for all the significant gains which have been achieved in the area of wages, hours, seniority, improved working conditions, and grievance procedures. He characterized the white collar worker's fight as the weakest link in an otherwise strong chain, and despite some progress in organization, described the group as "a poorly paid class of laborers in the Master's vineyard." He viewed with concern the curtailment of education because teachers have been leaving for better paid jobs; the fact that 15 per cent of the first million men rejected for military service were unfit because of nutritional defects; and the possibility that corporation reserves might be employed, not to keep up the level of employment, but to attempt to beat down labor. He expressed the belief that this country has the resources to produce full post-war employment if it wills to do so.

John Fennelly, Executive Director of the Committee on Economic Development, likewise characterized the professions, sciences, arts and white collar workers as the forgotten men who, although leading the way in widening the horizons of knowledge and increasing man's domination over nature, have at the same time had a declining influence in the determination of national policy. He pleaded against the organization of this group as a pressure group, however, for fear of reducing its contribution to the lowest common denominator. His paper was devoted to a description of the program of the Committee on Economic Development and ardently defended its use of the term, "high levels of employment" as contrasted with "full employment", asserting that there was no essential difference in the figures on which the two concepts were based. He saw the group represented in the Conference as a possible mediating influence on other pressure groups.

The opening session was concluded by Senator Theodore Green of Rhode Island who hailed this Conference as a symbol of hope that we may find means of guaranteeing that no nation will again attempt to dominate the world by force. From his broad background as a teacher of Roman Law and history and his current experience in the Senate Foreign Relations Committee, he examined the three ways by which realization of his hope might be sought: (1) complete isolation, (2) power alliances, and (3) a league of nations in which the United States would fully cooperate. He effectively destroyed the first two by pointing out the inevitable connection between foreign and domestic policies and the dangers from those insidious isolationists who, though outwardly favoring cooperation, block effective action both in the international field and on domestic issues. The unreliability of power alliances should have taught us lessons. We have already learned the values of reciprocal trade agreements and the "good neighbor" policy. UNRRA represents a great hope in the area of international cooperation. What we shall do will be determined in this next year and requires not only national planning but national financing. New thought is necessary about the distribution of the wealth produced by technological advances which in the past has gone primarily to capital rather than to labor. War instruments must be converted to instruments of peace with a rising standard of living. The debt to our soldiers can only be discharged if we provide now the groundwork for plans which will insure prompt and united action against every form of aggression, foreign and domestic.

With these keynotes the Conference met the following morning in four sections. Whereas last year these sections represented certain fields of interest, it seemed wiser this year to cross fields of interest so as to make it impossible for any member of a given profession or group to leave the Conference without ample exposure to representatives of other fields of endeavor. This, in fact, was one of the most valuable assets of the Conference because its effect was to reveal vast areas of common interest previously unexplored. Organization delegates were distributed among the four panels and planning committees had prepared outlines of leading questions and had assembled a distinguished group of consultants on each subject.

International Collaboration

Senator Harley M. Kilgore of West Virginia, presiding at the section meeting on International Collaboration of the Profes-

sions in the Post-War World, stressed that global peace can come only by re-establishing economic balance. The conquerors must come to the peace table with a plan permitting economic stability to the conquered nations; this does not guarantee perpetual support to their economies, but only a fair start. How can we assume our share, no more, no less, in such an enterprise, and what can professions contribute?

Law: A committee of international jurists was formed in England to discuss procedure in handling trials of war criminals. When the official War-Guilt Commission of the United Nations was set up, it found the advice of the earlier voluntary committee exceedingly helpful. Systematic study is needed of legal systems of the several United Nations, as well as development of an enforceable system of international law, trade, and patent laws, and a new world court.

Education: A British delegate pointed out that we have no need to plan education for democracy in the occupied countries of Western Europe; they are now learning lessons in democracy better than we could possibly teach. Education within a conquered Germany and its satellites is a different matter: there the only hope is to educate out of exploitation into cooperation. Exchange of students is important, but so also is exchange of teachers, including those in elementary and high schools. Preparation of international study units on living conditions in the different countries was upheld as a means of promoting international understanding, but opposed lest it might suggest the imposition of one culture in the place of another. The American Library Association is raising funds to purchase books and fill out periodical series, on an exchange basis, with other nations.

Trade and Commerce: Professionals should be more aware of interference by our commercial interests with governments of weaker nations. Cartels may be necessary, but must be strictly controlled. A practical approach for industrialization and development of Latin America is through the international labor movement. Status, pay, and training of our diplomatic service must be raised. One speaker proposed appointment of cultural attaches in every legation; others warned against cultural as well as commercial exploitation.

Health and Welfare: The United Nations Relief and Rehabilitation Administration is the outstanding international body in this area, but it is not understood in America as witness the embarrassing delay in United States' financing. International public health work was touched on briefly; also efforts of private agencies here and in England to raise funds for medical and relief service in devastated countries.

Art and Culture: The British-American Goodwill exhibition of art was cited as something that needs great extension after the war. There was frequent reference to the need for a "cultural UNRRA" to assist devastated countries in reviving their arts, musical institutions, libraries, museums, and so forth; and an intimation that some such body was at least in the discussion stage.

A constant undertone to the discussion was the responsibility needing to be assumed by professional people in the guidance and preparation of their own community and the nation to take part in international affairs. Professionals must no longer hold themselves aloof from political action, but must seek to guide public discussion. One speaker said there should be a Supreme Court of Science and Art—as recently proposed at Harvard University—to make authoritative pronouncements on controversial questions, as for example, race equality. It was pointed out that no professional organization came out in defense of the pamphlet on this issue banned by the USO and the Army.

Standards of Living

In the section on Standards of Living, chairman Hon. Claude D. Pepper, Senator from Florida, in discussing the findings of the Senate Subcommittee on Wartime Health and Education, pointed out that the rejection of four million selectees in this war could in large part be attributed to the economic and social conditions in our country. The testimony presented to his committee indicated that even in this period of great prosperity some twenty million people have either fixed low incomes or increases in income which are not commensurate with increases in the cost of living. The result has been in many instances a serious impairment in standards of living. He quoted the committee's recommendations and additional evidence was presented of the generally low scale of income among the groups represented. Prewar incomes were frequently substandard and increases since then have been minimal or non-existent. Workers have had to choose between remaining on jobs which they enjoyed and were equipped to do but on a salary which would not provide a decent

standard of living, or moving into better paid fields. As a result, in many fields there is insufficient and inadequate personnel. In the schools, for instance, teachers' places are being taken by incompetent substitutes, special subjects have been left out, or classes are being enlarged.

Dr. Faith Williams of the Bureau of Labor Statistics reported on plans for extended studies of prices as reported by consumers at different economic levels, and further emphasis on standards of quality.

Following discussion, the group agreed to the following:

1. The W. L. B. should allow blanket authority to employers to increase incomes of employees in the substandard level. This would not encourage inflation if we tighten price controls and have more rationing. It would be tragic if, in this era of prosperity, an adequate standard of living were not possible.

2. The W. L. B. should rule more specifically on wage increases for people above the minimum standard.

3. Social Security should be expanded and extended, including the 2½ million in non-profit agencies, government employees, and the self-employed.

4. Although there was some difference of opinion regarding the Wagner-Murray-Dingell Bill, there was agreement that there should be provision for adequate medical and dental care.

5. Neither race nor sex should be the basis of economic privileges.

It was suggested that assurance of a decent standard of living be the responsibility of government, either through extending the functions of an existing agency or by establishing a new one for the protection of the health, security and welfare of the people.

Post War Readjustment

The section on Post War Readjustment and Retraining of the Professions led by Dr. Eveline Burns, Economist for the National Planning Association, took cognizance of the fact that without full employment there would be underutilization of professional skills. There is need for a survey to determine the availability and distribution of personnel. In the physical sciences and possibly elsewhere these needs are distorted by war. Use of the findings of the National Roster were stressed again.

The coming demand for professional and technical service in foreign fields was noted against a background of dearth of workers and use of untrained personnel, notably in social work. Poor distribution of professional personnel was noted especially in the "colonial south", and equal opportunity for training and salary recognition was urged.

New training methods in industry and the professions all point to disciplines and emphasis on interrelationships among peoples and professions and occupations.

Full Employment

The section on Full Employment led by Dr. Alvin Hansen of Harvard University focussed on defining full employment in terms of work for every person who wishes a job. This means more jobs open than there are people looking for work. A distinction was made between temporary unemployment, inevitable if men are to be free to change jobs at will, and maintenance of a labor pool. It will require a positive program and cannot be left to chance. Internationally it means collaboration in peace and in war and maintenance of workable economic institutions to promote trade and investment. Internally it means an increase in private consumption through higher wage levels, wage legislation and a tax structure designed to increase consumption, that is, progressive income taxes rather than sales taxes. Such a program inevitably involves government planning in federal, state and local units, all of which will need to increase their expenditures for education, health, social security, and urban redevelopment and housing. Substantial public as well as private investments are needed in such enterprises as TVA which enormously increase natural resources at a relatively low cost. This means effort on the part of professional, scientific and white collar workers to increase general standards of living and remove restrictions because of sex, race, creed, in both education and employment. Urgent pleas were made for extension of the Fair Employment Practices Committee, for government planning and research projects, and for the employment of professional, scientific and artistic workers in radio, the theatre, and other arts, "not on a dole basis," but for increasing cultural standards of the nation. Attention was called to the recent conference of the International Labor Office in Philadelphia where similar conclusions were reached.

Continuing Organization

In the final session, the Conference adopted a proposal that it become a continuing organization to be known as the National Council of Scientific, Professional, Art and White Collar Organizations. The membership will be open to any organization having a national membership among these groups. Its purpose was stated to be:

to forward cooperation among organizations in their effort to solve common problems and achieve common objectives;

to facilitate the exchange of information and experience among organizations;

to increase the fields of effective cooperation and to enlarge the participation of organizations in projects related to common concerns.

Some features of its program will be

an annual spring conference at which delegates from the organizations will meet with leading figures of government and public life;

forums or other meetings of representatives of the various organizations for the discussion of specific common problems;

a regular publication or bulletin;

Interchange of publications and material among organizations;

the stimulation of similar activities and conferences on a local level;

machinery for aiding organizations or groups of organizations to arrange joint activity with others on specific national issues, such activity to be undertaken by the individual organizations and not by the council itself.

Officers and an Interim Committee were nominated and elected and charged with responsibility for translating this proposal into activity, including immediate publication and distribution of the proceedings, preparation and publication of a handbook for local groups wishing to follow the plans of this conference, and presentation of the findings of the conference to the National Committees of the Democratic and Republican parties, with publication of any comment which these bodies may make on the issues raised.

The AASW has collaborated in a significant venture in interprofessional cooperation and its delegates hope that many members may share the fruits of this new enterprise.

Sue Spencer Joins National Staff

Members of the Association will be pleased to know that Miss Sue Spencer is joining the national AASW staff as Assistant Executive Secretary on July 1, 1944.

Miss Spencer is a graduate of Maryville College and has a Master's degree from the New York School of Social Work. She served on the staff of the Central Branch of the YWCA in New York City for several years before completing her professional social work training. After completing her work at the New York School she was county administrator and district case supervisor in the Georgia Emergency Relief Administration and later case supervisor in the Chatham County Public Welfare Department in that state. She then became a full time instructor in social welfare at the Graduate School of Public Welfare Administration in the Louisiana State University. In 1940 she joined the staff of the Louisiana Department of Public Welfare where she served as field representative and consultant on staff development. Since 1942 she has been assistant professor of case work at the Tulane University School of Social Work.

Miss Spencer has been an active member of the AASW since 1936. In addition to serving on various chapter committees she has been chairman of the Baton Rouge branch of the Louisiana Chapter and chairman of the Committee on Government and Social Work in the New Orleans Chapter. She brings to the Association many assets which should make the national staff more effective in serving the total membership.

AN ISOLATION HOSPITAL OFFERS SOCIAL SERVICES

By **Helen Daniels**, Director of Social Service, Isolation Hospital, Indianapolis

THE Isolation Hospital in Indianapolis was established in November, 1942, and the present social service division organized May 1, 1943. The hospital is used for quarantine and treatment of infectious cases of venereal disease. An out-patient clinic is maintained, and the offices of the division of venereal disease control are housed there. It is located in a residential section of the city, less than a mile from the business area; the building was formerly a private sanitarium and is equipped for the care of around two hundred patients; a separate building (formerly used as residence for the physicians) is used to house the juvenile patients, who use the main building only for treatments and meals. The hospital is maintained through federal, state and city funds; Lanham Act funds have recently been made available, assistance is received from the United States Public Health Service, the Social Protection Division of the Federal Security agency, and the state and city boards of health. In April of 1944 the Indianapolis Social Hygiene Association purchased the buildings of the Isolation Hospital from the former owners, and presented them to the City of Indianapolis, encumbrance free, in order that the present work can be more economically administered.

The accompanying articles by Miss Daniels and Miss Little give a picture of the way in which a hospital and family agency in one city have cooperated to help meet the problems created by venereal disease for both the infected individuals and the community.

There are no residence requirements for admission and treatments, and patients are referred to the hospital in various ways. Reports are received from the Army and Navy, the Selective Service system, private physicians, health officers from other jurisdictions, pre-employment and pre-marital examinations, and from patients who reveal the sources of their own infections. Many patients are committed to the hospital by the juvenile and police courts. If the girl is eighteen or over, she may have been arrested for vagrancy, disorderly conduct, being drunk, or, occasionally, prostitution; if at the time of her arraignment before the judge, he feels that she may have had some reason to be infected, she is committed or requested to go to the Isolation Hospital for examination. If her tests are negative, the court is informed and she is released or some other disposition made of her case. If her tests are positive for gonorrhea or syphilis, and the doctors believe she is in an infectious stage, she is quarantined in the hospital until treatment has rendered her non-infectious. Investigation is made in order to determine whether or not the patient has received treatment before and if she should be referred to the City Hospital or a private physician for further care.

If a member of the armed services contracts a venereal disease, he is requested to give the name of his sexual contact, description of the girl, circumstances leading up to his meeting her, place of exposure, etc. This information is forwarded by the military authorities to the state health department, and is then sent on to the proper venereal disease control health center. The girl is contacted by letter or personal interview with an investigator, and is asked to call at the hospital, at which time the reason for the summons is explained by the investigator. She is given a blood test and smear by the doctor or nurse, and is asked to return for results of the tests and possibly further tests a few days later. If the tests are found positive for infectious venereal disease, the girl is placed under quarantine and is required to remain at the hospital for treatment. The average length of absolute quarantine at the hospital is around six weeks, but

varies according to the physical condition of the patient, and her response to treatment.

While service is given to out-patients attending the clinic, the work of the social service division is usually with those patients placed under quarantine, as well as many girls and women who are sent to the hospital by the courts who may not be infected, but remain in the hospital a few days awaiting the results of their tests. These "short contact" cases sometimes receive as much or more service than the patient who actually has an infection.

The hospital has four main divisions: (1) medical; (2) investigating (which is responsible for case finding and case holding); (3) social service; and (4) administrative.

III Persons — Not Criminals

It is the philosophy of Dr. Herman Morgan, director of the hospital, that the patients sent there—whether picked up by the police or admitted as voluntary patients—are to be treated as "patients", persons who are ill, rather than as criminals. He also believes that social rehabilitation is as important as medical care.

Patients committed by the courts are placed under bond, and it is therefore necessary to have separate dormitories for these patients, and a police woman is in attendance as well as the usual hospital attendants. Treatments, meals and recreation, however, are supplied in the same quarters as the other patients. There is no police woman on duty in the juvenile building, regardless of whether the child has been committed to the hospital by the juvenile court.

The job of the social service division of the Isolation Hospital in Indianapolis is a big one, and (like other agencies!) the division is understaffed. At the present time it consists of the head of the department and one case worker. The case worker is a trained Negro social worker, who is furnished the hospital by the State Department of Welfare through its child welfare division. This worker is responsible for the case work with the Negro patients, who average around a third of the total population of the hospital. The head of the division has case work responsibility for the rest of the patients, as well as administrative duties, and responsibility for the recreation and vocational training of the patients. We are expecting to have a full time recreation supervisor employed by the first of June of this year, which will help the situation greatly. The "vocational" training is almost non-existent under the present set-up. The city schools furnish a sewing teacher who spends one morning a week in the hospital, instructing and supervising sewing. A handicraft teacher is also furnished by the city schools, and she spends two half days a week at the hospital, working mostly with the juvenile group. The Red Cross has furnished a nutrition instructor, who gives the hospital two hours two afternoons a week. These classes are very popular with the girls.

There is an average population at the hospital of around one hundred patients. There have been as few as fifty and as many as one hundred and fifty during the past year. About twenty per cent of these are juveniles (under the age of eighteen according to Indiana laws regarding juvenile court jurisdiction).

The social worker interviews the patient as soon as possible after her admission to the hospital. We find this first interview extremely important. Not only as to her adjustment to quarantine in the hospital is it important, but often concrete help can be given in solving personal problems which are enormous to the patient who is being deprived of her liberty for a few weeks. Discussion of these tangible things: her job, her parents, her clothing at a rooming house or hotel; her pay check; care of her children; payment of bills, etc.—all these things which are immediate and seem overwhelming—and finding someone who thinks they are important too, and is willing to try to help her do something about them, usually precedes the conversation concerning the venereal disease itself and how the patient feels about it, her fears and resentment, her anxiety concerning herself and her future, hostility towards members of her family and the authorities, and perhaps her confusion in a big city.

Referrals to Other Agencies

Occasionally only one or two interviews are held with a patient, particularly if she is only detained at the hospital a few days. Many referrals to other agencies are made on these cases. The social service exchange is used, and many cases are referred to the Family Welfare Society, Catholic Charities Bureau, Travelers Aid Society, Children's Bureau, Department of Welfare, and other agencies. Help in finding a job may be the principal service needed, together with finding a place to live away from the down-town districts. Assistance in sending a girl back to her own

community and perhaps referral to an agency there may be the service given to another girl. We try to make referrals to other agencies early enough for the worker from the agency to become acquainted with the client while she is still at the hospital. Sometimes the patient sees the referral as merely a source of financial assistance when we feel that she needs much more from the agency.

Many of those referred to the hospital are very seriously disturbed, or obviously rather dull. We try to obtain as much social background as possible, and have these girls seen by the Mental Hygiene Clinic. This service is furnished the hospital by the State Department of Public Welfare through its Marion County Clinic; one day every other week, the psychiatrist and psychologist come to the hospital and interview patients selected by the social service department. From four to six girls are usually seen in one day. This, of course, has been extremely valuable in helping us plan for the girls. It sometimes enables us to make recommendations to the court in police cases, which result in commitment to a state institution. It helps us understand what we may expect of the girl and to select the type of agency to which she should be referred. A very few cases have been accepted for treatment in the Mental Hygiene Clinic, but we have not been too successful in following up these, or perhaps in interpreting to the client the services of the clinic.

We should like to make arrangements for psychometric tests of a much larger group of patients and should be very much interested in making a study of the cases referred by the hospital to the Mental Hygiene Clinic. The psychiatrist has noted a certain similarity of pattern in these cases: rejection by the mother, a latent homo-sexual tendency in the girl, a desire to punish the male. We think some interesting material would be contained in such a study, but have been unable to arrange it.

Naturally, cooperation and understanding of the existing social agencies has been an integral part of our program. We have found this cooperation mutually beneficial in Indianapolis. Other agencies have been able to refer their clients to the hospital, and the problem of medical and detention care for infectious juveniles has been taken care of for the children's agencies. We have had many small children as in-patients in the hospital, usually little girls who have acquired a gonorrhea infection.

At the beginning of our program, Family Welfare Society, Catholic Charities Bureau and Flanner House each sent a worker to the hospital a half day a week to assist the social service department. A worker from the Family Welfare Society served in a counselling capacity to get the program started, and supervised a student from the Indiana University School of Social Work who took her field work at the hospital last summer.

A New Approach to "Delinquency"

Many of our social workers themselves are beginning to change their thinking about working with "delinquent" girls who are not juveniles. So much work has been done with the juvenile delinquent, and we have not paid too much attention to her older sister. We usually knew her when she became an unmarried mother and only then concerned ourselves with her problems. We thought rather hopelessly of "prostitutes", and wondered if there was much difference between a prostitute and a promiscuous girl.

The war, of course, is primarily responsible for calling these problems (which are not new) to our attention. The Army and Navy have demanded that we clean up venereal disease in our civilian population, and this has resulted in the establishment of rapid treatment centers all over the country. The big Army camps near the city and the stories of fat pay envelopes from defense plants in the city have drawn Susie, Mary and Mabel away from their own homes in small communities. The social worker has become aware of a distinct responsibility and challenge in this situation. Doctors who have used time and energy and the newest scientific treatments, have also taken note that the social worker can be a valuable part of the fight against venereal disease. She can help the patient understand the doctor's diagnosis and the reason for quarantine, and on the other hand can help the doctor in his treatment of the patient by explaining to him some of her social problems and anxieties.

The social service department at the Isolation Hospital takes an active part in interpreting the program of the hospital to the community. Talks are made regularly on request from clubs, P. T. A. groups, conferences, etc.

Two Typical Cases

We have chosen two cases and will present them briefly as typical of cases referred to the Isolation Hospital:

Mary is 19, white, married to a service man. She came from a small town in southern Indiana and was the oldest of four children. Her father had been an invalid for several years before his death, and Mary's mother had to help support the family. Mary quit school after the eighth grade and did housework in the small town where she lived, until she met Joe shortly after the war started. He was inducted soon after their marriage and sent to an Army camp near Indianapolis. Mary followed him to the city, but Joe was almost immediately transferred to another camp in another part of the country. Mary was left "on her own", found rooms in an inexpensive hotel, and took a job as a waitress in a restaurant near the bus station. She met many soldiers and was extremely popular. Police arrested her in her room with a soldier and sent her to the hospital, where she was placed under quarantine for gonorrhea.

She was frightened and hostile during her first interview, refused to believe she really had a venereal disease, and threatened to run away. In a few days, however, she adjusted to the hospital routine and found the dependent atmosphere so desirable that she asked to be permitted to remain after doctors said she was ready for release.

We learned that Mary knew nothing of venereal disease, and that she had married Joe only to get away from home. She felt that her mother had expected too much of her in the way of financial help to the family, and had given her no affection in return. She found the attention of the soldiers exciting, and had sexual relations with some of them because she "felt sorry" for them.

Mary was released by the court at the end of her quarantine, and was referred to a case work agency. She has kept up her treatments at the hospital regularly, and is proud of her job in a defense factory. She seems to be making a fair adjustment, and we believe the acceptance she found at the hospital played an important part in it.

Betty was 16 when the Isolation Hospital received a report that she had infected a soldier with gonorrhea. Her mother was asked to bring her to the clinic, and her tests proved positive. Her mother, Mrs. A., worked in a defense plant, and Betty is an only child. Mr. and Mrs. A. have been divorced many years, Mrs. A. has never received any financial support from Mr. A. and during the depression she had a very difficult struggle. Betty is a freshman in high school, and Mrs. A. is proud that she has the prettiest clothes of any one in her class. She brings her friends home in her mother's absence, and is very "uniform" conscious. She admits being promiscuous, but is sure that she is in love each time, and usually considers herself engaged to the current boy friend, although he may change weekly. School bores Betty, she cuts often and thinks a lot about getting married. Mrs. A. is glad Betty is so popular, and refuses to believe that she has sex relations with boys, because she has been "told" about things like that.

Mrs. A. was hysterical during the first interview, but Betty appeared to be undisturbed. She accepted the hospital as punishment for having been a bad girl, but considered her infection unimportant as she was not ill in bed. During her stay at the hospital, she wrote several letters a day to various soldiers, and entertained the other patients with her quantities of mail. She accepted that she was bad "like her father", who had a "wild" streak.

Mrs. A. quickly began to become, superficially, too dependent on the social worker, saying that she would do anything we said, except quit her job. She blamed her former husband for Betty's behavior.

The Juvenile Court became interested in Betty because of her truancy, and learned of her promiscuity. She was committed to a girls school, but the sentence was suspended and she was placed on probation. Mrs. A. was told that she had to quit her job or be subject to arrest. We felt that we had not been able to help Betty or her mother very much, and that Betty will be in the girls school soon, or may be re-infected. We were unable to refer the case to another agency.

The Family Agency Cooperates

By **Ruby Little**, Supervisor, Family Welfare Society of Indianapolis

WHEN the Family Welfare Society was asked to help develop casework services for Isolation Hospital, the quarantine hospital for venereally infected patients, we saw this as a way of making the services of the agency more easily available to those patients who might be able to make use of a private family agency. We also felt a responsibility to the community to help in any way we could, within the limits of agency function, toward alleviation of this serious community problem.

At the request of the director of the hospital and the Social Hygiene Association, a specified part of one case worker's time was set aside for work at the hospital. While there she interviewed patients selected by the hospital as probable cases to be referred to Family Welfare Society. She also worked with the director in defining the job of a social worker for the hospital. This necessitated the director's learning something of the function of the numerous social agencies in the community in order that the services of these agencies might be utilized rather than duplicated by the hospital social work department. The case worker also helped the director work out the relationship of the hospital to the other social agencies. When a full time social worker was employed by the hospital, the Family Welfare Society case worker stood by as consultant until the hospital worker felt ready to go along on her own.

During the first sixteen months after the hospital was established, 123 cases were referred to Family Welfare Society. In addition, many other cases were discussed with the case worker and referred to other agencies on plans made by the hospital. Of the 123 cases seven fell within groups served by other agencies and were referred to the proper agency immediately. Seven others wanted no service the agency could give. Fifty-nine were given brief service; that is, in one interview plans were formulated so the client could go ahead without further help, or the client decided in the first interview that she did not want the services the agency could give. Fifty cases were given continued service varying from two interviews to several months' time.

Cases from Isolation Hospital have been assigned to the various case workers in the agency, taking into account the availability of workers and the client's problem. Referrals are made while the clients are still in the hospital so that by the time of a patient's release she knows the case worker and mutually acceptable plans for work and living arrangements are under way. However, the large population of the hospital has made it impossible for one worker to know every patient and refer all of those needing help to the proper agency before they are ready for release. Quite a number have been referred to Family Welfare Society on the day they were released by the hospital and the court. Many of the patients are girls from other cities or other states. They have no money and no place to live so plans must be made immediately.

Resistance to Authority

The director of the hospital, recognizing the ease with which the patients follow the lead of unwholesome companions, wanted to be sure that they found rooms in suitable homes. We began by helping them select their rooms, but soon found that they quickly moved to others of their own choice. We then had them find rooms for themselves. Since they had no money relief had to be given immediately with very little verified information. Often after receiving relief, the client disappeared and we heard no more from her. Possibly, the money was used to move on to another city.

Many times girls wanted to live with friends they had made at the hospital. The director of the hospital disapproved of this because he thought new friends and new interests would help them stay out of trouble. We found the girls living together but deceiving us and the hospital staff. After several such experiences, we were able to get the director to relax his use of authority somewhat and give us a better opportunity to try to work through with the clients their resentment of all control.

The hospital has a staff of investigators whose responsibility it is to see that patients continue treatment as long as necessary after release. However, their case loads are too high to make it possible to give regular attention to any one patient. We began by leaving the case holding to the investigators, but as we have had more experience, we have come to believe that the case worker should take more responsibility for seeing that the clients follow through on medical treatment. At times it is necessary for the worker to explain that unless medical care is completed, arrest may follow. Although it has been difficult for the case worker to use authority, there have been a few instances in which she has taken the client to the hospital and a few others where she has reported to the hospital the client's failure to live up to the provisional quarantine requirements.

Cooperation of Employers

The hospital has secured the cooperation of a number of employers who are willing to hire girls when they are released on provisional quarantine; that is, no longer infectious, but still under treatment at the hospital as out-patients. If a girl is otherwise employable, she often has a job to begin immediately. Some of the cases in which there was only one interview were cases in which money for food and rent was given for one week at the end of which time the girl had her wages and was able to get along. Some of the others in this group were girls who possibly asked to be referred to the agency because they thought this would facilitate their release from the hospital, but when released wanted nothing further of the agency. They may have been fearful that continued contact might limit their other activities.

Some of those given continued service were mothers who needed agency help in making plans for the care of their children during their mother's quarantine. Since some of them were arrested and sent to the hospital, these were frequently emergency situations in which the case worker had to find relatives or friends willing to go into the home to care for the children during the mother's absence.

There were, also, some girls under eighteen living in their own homes who were referred because the relationship between the youngster and the parents seemed to be one of the causes of the youngster's problem. These children were frequently known to juvenile court. We found the parents often wanting the child punished and, with a court responding to today's widespread desire for punishment of the juvenile offender, we were unable to establish a satisfactory working relationship. We finally accepted only juvenile cases which were released by the court, of which there has been few.

Most of the other cases given continued service were young women, some non-residents, others living here but apart from their families. We have given help in finding satisfactory jobs, relief until first pay, an opportunity to work through their feelings about this experience, help in relationships with husbands or families. Very few have continued the contact with the worker more than a few months.

We found few of these girls wanting more than the practical help the agency could give. Some moved a little way toward facing their problems and working on them, but even with these progress was very slow and setbacks frequent.

In evaluating our experience we believe we can say we have, by assisting with plans for children, enabled mothers needing treatment for venereal disease to obtain this treatment and thus protect themselves and their children. We have provided some of the young women with the supportive help they needed to make a more nearly acceptable adjustment in the community. We have helped the hospital to develop its own social service department and relate it to other community social agencies.

The William Hodson Launched

In honor of the late Commissioner of Welfare of New York City, the United States Maritime Commission has given the name "William Hodson" to a liberty ship which went down the ways at the Bethlehem Fairfield Shipyard in Baltimore, Maryland, the latter part of June.

Friends of Mr. Hodson will also be interested to hear that the William Hodson Memorial at the University of Minnesota has now grown to something over $9,300. It has been accepted by the Board of Regents of the University, and its utilization as a lecture fund in the field of social welfare and public welfare administration has been approved.

SOCIAL SERVICES IN A PUBLIC HEALTH DEPARTMENT

By **Mildred Holsapple,** Social Service Department, Indiana State Board of Health, Columbus, Indiana

"Jane Connor was in to see you, Miss Smith."

"Jane Connor? You mean after all these weeks she came in all by herself? What did she want?"

"Nothing, she said. She was just down town and thought she would stop in as you had suggested. She seemed in a good humor."

"She wasn't belligerent or frightened?"

"No. She was friendly even to my question of where she was living. She is still on Second Street. She was dressed better than usual too."

"After all the appointments she has broken and all her insistence that she was 'running her own business and we were just sticking our noses in!' Is she coming back?"

"Yes, she will call to see if you are in later this week. Her last 'shot' wasn't bad, and she guessed she would continue going to clinic."

So went one conversation between the social worker and the receptionist in the District Health Department at Columbus, Indiana. This office is in the Camp Atterbury area, where a social worker was placed by the State Department of Public Welfare in August, 1943.

While Camp Atterbury was under construction in Bartholomew and Johnson Counties in Indiana during 1941 and 1942, the congestion that usually accompanies a construction period, with its great amount of transient labor, developed in the area. This period was followed immediately by the opening of the camp as a training center for thousands of soldiers. Not only did thousands of soldiers come into the area, but matching thousands of civilians. When Freeman Army Air Field was opened at Seymour later in the year, a third county, Jackson, became involved, and this second military base meant further congestion for Columbus, the largest city in the area. The normal population of Columbus was about 12,000; that of Franklin, Johnson County seat, 7,000; and of Seymour, Jackson County, 9,000. These counties are essentially rural, although Columbus has two principal and several smaller industries which draw employees from the surrounding area.

Community groups in Columbus became concerned about the increasing social problems. A committee, appointed from a larger community group to study the situation, recommended the extension of social services to meet the transient, delinquency, and venereal disease problems. The District Health Department, and the local Venereal Disease Clinic, headed by a U. S. Public Health doctor, were interested in a social service program to aid in rehabilitation of patients. Problems seemed to become apparent or to be crystallized at the point of clinic referral. Eventually the Children's Division of the State Department of Public Welfare was approached by the community committee, and it was arranged that a social worker would be placed in the District Health Office. She would work with the Columbus clinic and her services would be extended to other communities in the district as they requested them. The service was initiated at Columbus August 1, 1943, and extended into Johnson County in October.

The social worker is an employee of the Children's Division of the State Department of Public Welfare, and is supervised by that agency. Office space, stenographic help, etc., are furnished by the District Health Department. Practically, she is a member of the Health Department staff.

The venereal disease clinics, one in each of the three towns mentioned earlier, are county units. Referrals come from military authorities, local doctors, social agencies, and police; or patients may refer themselves. The public health nurses have responsibility for these clinics and with the district venereal disease investigator, do the case finding. The clinics are under the direction of the District Health Department. Not all clinic patients are seen by the social worker. Written referrals to social service come from the director of the district health office, although he may refer a case at the suggestion of a nurse, the

police, school, or any individual on the staff or in the community. Cases need not be active clinic cases, but they must have some connection with the social protection or venereal disease control program. The social worker takes no responsibility for clinic routine, and does not do the nurse's interview.

She attends clinic sessions and most first interviews are held in the clinic. Later, the patient is seen in the worker's office, patient's home, or elsewhere, according to the case. Procedures for formal reports or recommendations by the social worker to the health staff have been worked out. The worker maintains her own register of referrals, and social service records are kept in a separate file in the district office.

Basic Interest — Curing Disease

Cases are referred to social service for the same kinds of reasons that persons are directed to any social agency. Basically the entire staff is interested in curing disease, guarding against reinfection, and preventing infection of others. A patient may, from the beginning, appear to be unstable, may be overly concerned by his infection, may have a problem with employment or living arrangements, may be a transient, perhaps is involved with the police, has to be placed under quarantine, which precipitates a family crisis, or the patient may be a minor whose behavior is thought to be tending toward delinquency. Sometimes problems requiring the help of the social worker appear after a patient has been attending clinic for some time, but an effort is made to send him to the worker early in the clinic experience.

After the first interview, the worker clears with other social agencies directly, since there is no central exchange. A working arrangement has been made with the case work agencies in each community whereby a decision can be reached as to whether the case is referred to some community agency or is carried directly by the clinic social worker. If the person is already active with another agency, the social service record is closed in the clinic. Otherwise, a case by case decision is made on the basis of what service is needed and the resources available. Frequently agencies in other communities are contacted for information and for help in planning for an individual to stay on in this area or to return home.

The following case material is given to show reasons for referral and the kind of service we field latter.

Two girls, 17 and 18, from an adjoining state, were referred to worker when the nurse found them stranded in the community. They were encouraged to come into the clinic for examination, but tests showed they were free from infection. They were helped to find relatives with whom they could live, and to obtain employment. There were indications that the girls really wanted to return to their homes. Through correspondence, it was determined that their home situations were satisfactory. Meanwhile, the girls decided they did not want to work in Columbus, but did want to go home. They had been given protection and help during a precarious period when they might easily have drifted into delinquency.

Another girl, Jean, 23, was encouraged to stay in the community to complete treatment after being referred by a local doctor. She was separated from her husband and probably had been supporting herself by prostitution for some time. Her mother lived in the community, but the two were not congenial. The mother had deserted the children when they were young. The girl was encouraged to accept work where she could live, and meanwhile she was observed because of a possible mental illness or deficiency. She has been seen in the Mental Hygiene Clinic, a travelling unit of the State Department of Public Welfare, Division of Mental Hygiene. The service is largely diagnostic, but treatment can be arranged if considered advisable. The clinic team consists of psychiatrist, psychologist, and social worker. Jean, according to the clinic, is committable to a state school for the feeble-minded, and because of her inability to make a social adjustment, this may become necessary.

Anna was a sixteen year old, who, it seemed, would have to be institutionalized as a delinquent. She had been a military referral to the Venereal Disease Clinic and was infected. She was carried by the clinic worker rather than the County Department of Public Welfare, because she accepted the clinic staff, and felt they had a reason for being interested in her. With help, she was able to stay on in her own home, and to find her own part-time job. The worker interested her in an art class at the Girls' Club, where she was given some responsibility for younger girls also. She had, for some time, wanted to marry a soldier, and with the help of the American Red Cross, the soldier was contacted, and it was determined that this was an acceptable plan. Marriage offered her the status for which she seemed to be striving. It appears that her marriage

has a better chance of success, since it was sanctioned by her family and the community.

An understanding of Anna, her family, and the factors involved in her situation, was necessary before any help could be given. Interpretation to Anna and to her parents eased the tension in the home and gave Anna more understanding of her own behavior. Meanwhile, her energy was diverted toward more acceptable interests. Anna's clinic experience and her relationship with the clinic staff, was a constructive period, during which delinquency was halted, and Anna gained in maturity.

Patients Gain Confidence

Mae, 20, was a full orphan from the age of three. She was moved from one relative to another, was in and out of a children's institution, left school, and drifted into promiscuity. She had been infected with a venereal disease for some time and when she came into clinic was not interested in treatment. Her whereabouts would be unknown for weeks unless worker hunted her. After about four months, Mae began coming in voluntarily to see worker. Her personal appearance improved, she was working at least a part of the time, and she went to a private physician for treatment. She has been able to talk more frankly about her situation and her behavior. It is doubtful that Mae's behavior at this point has been modified to any great degree, but she has obtained medical care and has been able to establish a relationship with the social worker, which has offered her some security and satisfaction.

In some instances the only service that can be given is that of obtaining social information, clearing with other agencies, and facilitating location of the person for treatment purposes. Such was true in the case of Mary, 17, who gave conflicting histories when brought into clinic. When she left the community before the next clinic session, the worker wrote to two adjoining states where it seemed Mary might have lived. Correspondence was handled by the interstate correspondence office of the State Department of Public Welfare. Replies indicated that Mary was known to a juvenile court in one state, and was located in another. Each state was notified of the other's information before the Indiana case was closed. Thus we knew the medical referral on her went to the correct locality and her whereabouts are known to an agency in that state.

A Negro girl, Dorothy, 25, showed unusual concern about her infection. She had been a school teacher, but had stopped teaching because of her feeling of moral unfitness. Infection had been contracted prior to her marriage, but there was no indication of promiscuity. The family standards were evidently high and Dorothy constantly feared that her mother would learn of the situation. She was known only a short time because she was in the area temporarily to be near her husband. However, in a second interview, she did not show the usual pattern of becoming markedly upset when her infection or her sexual experience was mentioned. She was able to discuss both, and to ask for medical information. For instance, she had feared pregnancy because she thought a child inevitably would be infected, but she said it was not until this interview that she had been able to talk about this fear.

Fay, 22, a voluntary clinic patient, was thought by the clinic staff to be unusually concerned over her infection and the possibility that anyone would learn of it. She did not come in regularly for treatment and became unduly upset when treated. She was drinking quite a bit and was known to have attempted suicide on one occasion prior to her contraction of the infection. Fay was from a nearby county. She was a high school graduate, the youngest girl of a seemingly stable family. Following the mother's death, when Fay was 8, an older sister in the home took over the responsibility for the younger children. Fay was the only unmarried girl of the family.

She was seen regularly by the social worker over a period of weeks in an effort to help her understand and verbalize her feeling about her situation. She was referred to the Mental Hygiene Clinic. The psychiatrist thought that she was continuing a childhood pattern of displaying emotion in order to obtain what she wanted. The psychiatrist discussed this with Fay, who in turn talked with worker about it. Treatment was rearranged to insure a minimum of discomfort and was intensified so that she could complete it in a shorter time. She was encouraged to change to more satisfactory employment. At about the same time she married, but did so with the clinic's knowledge and after having told the husband of her infection. She now is completing treatment and shows no sign of her earlier emotional instability, although the husband is in military service outside the county.

This girl was away from her family living in a rooming house. She was in an unsatisfactory work situation and her behavior could easily have continued deteriorating at this point. The rearrangement of treatment schedule by the doctor, the relationship with the social worker, and the services of the Mental Hygiene Clinic combined to help her establish a more satisfactory way of living.

Characteristics of Caseload

The age of referrals has ranged from 13 to 45. Thirty per cent were in the group of 13 to 16 years of age; 41 per cent were in the group 17 to 20 years of age; 18 per cent were in the group 21 to 30; and 11 per cent above 30 years of age. Twenty-five per cent of the referrals to social service have been transients, or at least people whose homes for no length of time had been in the area. The population is largely white and only one referral of a colored patient has been made. All have been women to date, although minor service to male patients has been given in an instance or so.

The range of experience of the clients is great. There are no known houses of prostitution and no arrests have been made on a prostitution charge, which has eliminated any need legally to determine whether or not a client is a prostitute. However, 15 per cent of the social service case load to date possibly should be considered in this group.

Six cases have been referred to local social agencies, 3 to out of county or state agencies; 3 left the area with knowledge and approval of worker, but with no formal referral to another agency, and four left with no follow-up. Others have been carried directly by the clinic worker.

The social services given under this plan exemplify the familiar principle of individualization of human problems. Each patient is considered in terms of his particular situation. In the case of promiscuous persons, they are recognized as individuals and are worked with as such, rather than "run underground or out of town".

If the patients can be helped to see that we are interested in their welfare, rather than in having them punished, we believe the chances of their accepting adequate medical care are much higher. Thus we have an additional method of controlling venereal disease. We are working with patients of the Venereal Disease Clinic as people, not as a gang, nor as criminals.

In determining success in such a caseload, it seems that no one set of criteria can be set up, but that each individual's potentialities should be understood and success evaluated accordingly. One person may be able to modify her behavior in some areas; another may overcome emotional instability to a point that acceptable social adjustment can be achieved. A third person's personality pattern may be so fixed, or her ability so limited that continuous medical treatment is the most that can be expected. Whatever their ability for change or modification, this ability can be recognized and dealt with constructively in light of available community resources.

Developing a relationship with many of the patients is somewhat different from the situation in some other types of case work. To begin with, the patients usually do not come to the clinic voluntarily. They are afraid of anyone who may represent authority and everyone in the clinic program represents authority to them. They cannot understand that anyone is interested in them other than to punish or to interfere. Interpretation of the social worker's function helps, but it isn't that simple. Time and experience have to show them they need not fear. They will not come into an office for service that isn't concrete. Why should they? They don't know the worker, who is just "trying to boss them anyway". And so worker hunts them up, week after week. They learn to know her, lose their fear of her, gradually accept her interest, and begin to take some initiative in the relationship. Until, like Jane Connor, who trusted no one and who was "doing all right", they come in voluntarily to see the worker.

COMPASS EXCHANGE

THE COMPASS is always anxious for contributions from its owner—the members—in the form of articles, letters, comments. It publishes as much of this material as space and other considerations permit. Some of those received most recently are reproduced below.

The Beam in Our Eye

Sir:

The recent discussion in THE COMPASS on how to win wider public acceptance for social work, encourages me to raise a question which has puzzled me for some time: Why is so much of social work literature so ponderous, involved, and above all, so exquisitely boring?

If this seems an unduly harsh way of putting it, consider this example gleaned from page 14 of the March issue of THE COMPASS where a Statement of Principles begins as follows: "Research has revealed that the mental and physical health and moral atmosphere of a home and a community wield a controlling influence in determining the growth and development of personality".

Research has also revealed that two times two makes four, that grass is usually green, and that pigs have no wings. All these statements are correct, but how often is it necessary to reiterate them in this day of paper shortage? If the objective of social work is, as the Statement of Principles goes on to say, "to strengthen the ability of people . . . to develop their own capacities and latent powers", why cannot social workers develop their own powers, now evidently latent, to write clearly, briefly, and to the point?

Tec 5 Robert Plank,
Hq Det III Corps,
Presidio of Monterey, Calif.

We Take a Bow

Dear Editor:

While I am writing you I want to express my appreciation of the material now being published in THE COMPASS. It seems to me that the magazine is at last functioning as a social work publication of interest to practising social workers in general and its contents not designed only for the somewhat limited group who are members of the American Association of Social Workers. Increasingly often I find articles that are of interest to the workers in my counties, none of whom are members or are eligible for membership in the American Association of Social Workers, and while I appreciate the fact that this magazine is the official organ of the Association, yet I think it shows progress by having articles that are of broader general interest.

Emily H. Ferris,
Field Representative,
The State Department of Social Welfare of Kansas

A Call to Action

Dear Editor:

On behalf of the membership of the Social Service Employees' Union I want to congratulate THE COMPASS and the AASW for the publication of "A Call to Action".

The problems raised and the point of view expressed are of tremendous importance and interest to our membership and, we believe, to the whole of social work. We think that the AASW is rendering a distinct service to the field in the publication of this document.

Bernard Segal, Executive Secretary,
Social Service Employees' Union

My dear Editor:

I have just read "To Social Workers: A Call to Action" in the April COMPASS and wish to commend the editors for the publication of this article. It is a fine statement and I am sure there must be many members like myself who support it thoroughly.

I hope that the immediate future program of the AASW will take this statement as its theme.

Laura Stolzenberg,
Brooklyn, N. Y.

Dear Editor:

As a potential social worker, I am very interested in the goals for the AASW set

forth by the Social Workers' Emergency Committee and published in the April issue of THE COMPASS. Here are stated goals toward which all social worker organizations and individual social workers may work to insure the advancement of the aims of social work in the post-war world.

May I suggest that these goals be further supported through a comprehensive program of educating every social worker in ways and means in which he can foster the attainment of these goals? This might take the form of reports on, or a digest of proposed legislation, needed legislation, and trends that affect the achievement of these goals. I feel certain that such a program would hold the interest of social workers and guide us in a more concerted effort toward our objectives.

Sara Belle Smythe,
Winthrop College,
Rock Hill, S. C.

Red Cross College Units

To the Editor:

The American National Red Cross has authorized the formation of Red Cross College Units which are patterned after the organization of a chapter branch of the Red Cross and which are an extension of chapter activities to the campus. College Units render services throughout the student body and have their own officers, by laws and committee heads. They are responsible to the local chapter by whose experts they may be trained and supervised, and they also have the advisory aid of a faculty committee which represents the university administration and the academic departments related to interests and activities of the Red Cross.

While this program has been implemented since September 1943 only, scores of colleges and universities are now organized and hundreds more in various stages of organization. It has met with widespread response throughout the communities and colleges of the nation. The plan is presented in the American Red Cross publication—*College Units* (ARC 534), which merits the study and support of social workers. Aside from organization and program content, the functional aspects of the plan may be its most important feature. It has definite potential value to the social welfare professions as a personnel system for recruitment, orientation, selection, preprofessional guidance, and placement of students best fitted for the professions and for community service careers.

The broad program of the American Red Cross can be said to contain well-recognized practical training for personal efficiency in life and living. It offers courses in home nursing, nutrition, first-aid, accident prevention, and other fields of vital importance to family welfare. At the same time the Red Cross has the facilities for initiating qualified persons into numerous community activities. Regarded in this light, the Red Cross program is quite as valuable to our society in times of peace as in periods of war. College Units are built upon this philosophy and promise to make a permanent contribution.

A program so broad, serviceable, and realistic would naturally appeal to college students, and events have well proved this to be the case. Freshmen in college, following years of Junior Red Cross activities, are keenly interested in rising to higher responsibilities that have opportunity for community service through chapter participation. Many of these students will continue their interest and some will rise to official positions in the College Unit. A sound sociological philosophy underlies the whole plan. Students participate under guidance, receive training under professionals, are given certain statuses and recognitions, are held responsible and accountable, and are prepared for integration with organized community life. They enjoy the rewards of their own good efforts.

The program serves in many ways as a series of personnel tests and screenings, attracting groups of students at personal, family, and community levels of interests; developing latent talents of leadership; and bringing to light many hidden abilities and interests in practical fields. Since graduate students are admitted to membership, instructor courses in certain Red Cross activities are offered to those who have most desirable academic qualifications for undergraduate and community teaching.

Placement of qualified, trained students is almost automatic. Service directors in the chapters learn to know personally the key students in their comparable campus activity and can aid them in finding a place of service in that community or in the community to which the student is going after graduation. This follow-up system should save several years usually lost by the individual between graduation and subsequent community service. For instance, the College Unit speakers bureaus have furnished many campus debaters, public speakers, and orators to numerous community organizations; business

students receive financial and public relations training that makes them of immediate value to Community Chests; volunteers step directly into their civic duties; and others into public service and preprofessional positions.

Many tests of College Unit efficiency have been made in numerous fields of activities, and generally the results have been surprisingly better than were anticipated. One College Unit started a town-campus campaign to improve diet by explaining and illustrating scientific food principles. The College Unit used its public information committee of trained journalists to furnish articles on the subject. Public speakers covered all campus and many town groups for primary face-to-face program presentation. Nutrition aides then went into fraternities, sororities, refectories, and other cooperative eating places and made their practical demonstrations. In two weeks the student body was made conscious of food principles and their application!

The causes of such increased efficiency in student activities lie in the differences between the individual approach with its usual sporadic and minimum response and the group approach. Students live in a highly specialized social situation, have their own organizations and leadership, and are highly group-conscious. When they are given their own College Unit, their organization and leadership is accepted and supported by the student body and individual students are automatically included in the participation of all programs. If they do not contribute to or support the program, they must live in the midst of those that do, and the influences of the group affect them directly.

The added stimulation of group action such as prevails in College Units can have important results for the social work professions. Widespread appeal to students combined with organized group response should mean more recruits for the graduate schools of social work, and the functional testing and screening should increase the general quality of those recruits. The American Red Cross has offered 150 scholarships for one year of graduate training in social work and nursing fields. These scholarships provide school expenses, plus $75.00 per month. Recipients agree to work as professionals for one year in Red Cross chapter services. While this may mean some limited advantage to the Red Cross locally, the benefit to the community and the professions is quite general. College Units operate under a leadership and philosophy that is community-minded, and the benefits of group motivation of students are definitely directed towards the common good.

The College Units plan has been approved by the American Council on Education and numerous other national organizations. It is developing in such a way as to train young men and women for community life, and it is bringing together more closely than before the various professional and educational groups that can be mutually served by the plan.

Social science departments need such realistic outlets as Red Cross College Unit activities for student participation, and social work professions need more recruits who have been tested and oriented to the general nature of social work and who have been given some limited practical experience. If College Units can help bring the interests of social science departments and social work professions into closer cooperation, it will have served in as important a way as it promises to do on professional recruitment,—a vital task if hard-attained professional standards are to be maintained during the trying times that lie ahead.

Albert E. Croft,
Assistant to the Vice-Chairman,
American Red Cross

Student Day

The invitation from the Wartime Committee on Personnel to attend the NATIONAL CONFERENCE OF SOCIAL WORK on Thursday, May 25, without charge was accepted by fifty-four undergraduate students from colleges and universities in the vicinity of Cleveland. The students registered at the AASW booth, attended sessions of their own choice during the day, and met in the ballroom of the Hotel Hollenden at four o'clock in the afternoon. At this late afternoon meeting they were served refreshments and heard addresses by Arthur Kasperezak, a student at the School of Applied Social Sciences of Western Reserve University, and Clare M. Tousley, director of the Department of Public Interest of the Community Service Society in New York. Mrs. Lenore Sheldon of Cleveland was chairman of the committee which made the arrangements.

Reinstatement Rules Changed

As a result of National Board action, it is now possible for former members of the AASW to rejoin the Association under the following conditions:

1. Former members who meet current membership requirements may apply for reinstatement at any time.
2. Former members who were admitted to membership under requirements in effect prior to July 1, 1933, and who were full members when membership was terminated, may apply for reinstatement to full membership under the following conditions:
   a. If they were members of the AASW for at least five years, and
   b. If they are currently practicing social work in an approved social work agency and have been so engaged for at least one year prior to application for reinstatement.
3. Former members who resigned in good standing shall not be required to pay a reinstatement fee.
4. Former members dropped for non-payment of dues, shall be required to pay a reinstatement fee of $5.00.
5. Members dropped for non-payment of dues shall be reinstated automatically if dues are received within three months after the notice of termination of membership has been sent from the national office.

The above regulations represent two major revisions in reinstatement rules which have been in effect since the fall of 1938. Under the former provisions, all applicants for reinstatement were required to meet current membership requirements as in the case of new members. Previously the reinstatement fee was $10. In view of the recent reduction of the period for dues payment from nine to six months, the National Board decided to lower the fee charged for the reinstatement of a member dropped for non-payment of dues. The reason for having a reinstatement fee is to cover in part the cost of having continued a member on the active list during the period allowed for dues payment.

The principal reason which led the Board to revise the basis for reinstatement was evidence that many former members who had contributed to the Association in the past and wanted to rejoin were prevented from doing so because of inability to meet all of the present technical membership requirements. The Board recognized that a uniform application of present standards to former as well as new members provided an equitable administrative process. It believed however that fundamentally the basis for reinstatement is different from an admissions standard in that former members had at one time met requirements for membership. The Board concluded therefore that with certain restrictions relating to previously demonstrated interest in the Association (five years of membership) and reasonable expectation of ability to continue membership and participate in Association activities (i.e., the stipulation of current employment in social work) there would be an advantage to the Association in giving former members, admitted under earlier standards, an opportunity to resume membership in their professional association.

Corporation Meeting

The National Board herewith gives notice to all members of the American Association of Social Workers that the annual meeting of members will be held at 3 p.m. on July 29, 1944, at the offices of the corporation, 130 East 22 Street, New York City. The business of the meeting will consist of the election of officers, Board members, and Nominating Committee members. Members unable to be present will be represented by their proxies who will vote in accordance with the members' instructions regarding the Nominating Committee's slate as circulated to the membership.